

APPLICATION AND INFORMATION FOR POSITION OF FEDERAL PUBLIC DEFENDER FOR THE DISTRICT OF COLUMBIA CIRCUIT

This package provides information on applying for the position of Federal Public Defender for the District of Columbia Circuit. The materials in this packet are:

A.	Location of position and application deadline	2
B.	Federal Public Defender's responsibilities	2
C.	Qualifications for appointment	2
D.	Federal Public Defender salary/term of appointment	3
E.	Return of applications	3
F.	Suggestions for completing an application	3
Form I	Applicant Information Form	4
Form II	Applicant Background and Waiver	7
Form III	Legal Practice Profile	13
Form IV	Health and Medical Waiver	22
Form V	Applicant Personal Narrative	24
Form VI	Attachment Sheet	25

A. Location of position and application deadline

Applications for the position of Federal Public Defender (FPD) in the District of Columbia are now being accepted.

The FPD office is located in the District of Columbia. The application deadline is April 26, 2002.

B. Federal Public Defender's responsibilities

The Federal Public Defender, functioning under authority of 18 U.S.C. § 3006A(g)(2)(A), and the District of Columbia Circuit's Criminal Justice Act Plan, provides federal criminal defense services to individuals unable to afford counsel.

C. Qualifications for appointment

To be qualified for appointment, applicants must:

- (1) be members in good standing of at least one state bar, or the District of Columbia bar, or the bar of a territory or possession;
- (2) have been engaged in the active practice of criminal law for a period of at least five years, preferably with significant federal criminal trial and appellate experience;
- (3) possess the ability to administer a federal public defender's office effectively;
- (4) possess, and have a reputation for:
 - (a) integrity and good character;
 - (b) the physical and mental health necessary to perform the responsibilities of the office;
 - (c) commitment to equal justice under law and vigorous representation of his or her client;
 - (d) outstanding legal ability and competence (evidenced by substantial legal experience, ability to deal with complex legal problems, aptitude for legal scholarship and writing, familiarity with courts and court processes);

- (5) have a commitment to the vigorous representation of those unable to afford counsel; and
- (6) not be related by blood or marriage to a judge of the United States Court of Appeals for the District of Columbia Circuit or to a judge of the District Court for the District of Columbia, within the degrees specified in section 458 of Title 28, United States Code at the time of the initial appointment.

D. Federal Public Defender salary/term of appointment

The term of appointment is four years. The annual salary is \$129,000.

E. Return of applications

You must submit an **original** and **five copies** of this application and its attachments to:

Office of the Circuit Executive
ATTN: FPD Application
United States Courts for the District of Columbia Circuit
E. Barrett Prettyman United States Courthouse
333 Constitution Avenue, N.W., Room 4826
Washington, DC 20001

The original and five copies must be received by **April 29, 2002**, at 5:00 p.m. The applicant should not include pages 1-3 of these application materials.

F. Suggestions for completing an application

- 1 . Answer all questions as thoroughly as possible. If a question or section is not applicable, please so state.
- 2. If there is insufficient space on the application for a complete response to any question, photocopy as many pages of the separate attachment sheet (provided at page 25) as you need to answer that particular question. Append all attachment sheets to the application.
- 3. Type or print all responses.
- 4. Complete and sign authorizations on pages 12 and 23 of the application. Make sure that each copy of your application includes copies of these authorizations.

5. Sign your application at page 6.

APPLICATION

Federal Public Defender for the District of Columbia Circuit

I. APPLICANT INFORMATION

Please provide the following information.

Name and Home Address

Prefix _____ (Mr., Mrs., Miss, Ms.)

Name
(First) (Middle) (Last)

Other names used

Home Address

Home Telephone

Date of Birth

Business Address

Firm Name

Street Address

Business Telephone

Your Title
(E.g., Partner, Associate)

Date of initial affiliation with current firm

Salary or income

Can this application be discussed with persons at your firm? Yes_____ No_____

Correspondence should be sent to you at: Business _____ Home _____

I. APPLICANT INFORMATION (continued)

State Bars Admitted

State	Date Admitted
State	Date Admitted
State	Date Admitted
State	Date Admitted

Description of Law Practice

Estimate the **percentage** of your total time in the last five years that concerned:

Civil matters	%
Criminal matters	%

Description of Court Practice

Estimate the percentage of your total time in legal work during the last five years that was:

Spent in court	%
Spent in negotiations	%
Spent in legal research	%
Spent in legal drafting and writing	%
Spent supervising the legal work of others	%

Circle the number of each question on pages 20-21 for which you have answered "Yes":

12 13 14 15 16 17

Circle the number of each question on pages 19-21 for which you have appended a separate attachment sheet:

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	

I. APPLICANT INFORMATION (continued)

The questions answered and statements made in this Federal Public Defender application are true and correct, or are based on information I believe to be true and correct. I will submit to physical examination if requested to do so. I also authorize my former employers to provide any information they may have regarding me.

This application is being submitted by me personally and, if selected, I am willing to serve as Federal Public Defender.

Dated

Signature

II. APPLICANT BACKGROUND

A. **Biographical Information**

1. Name
2. Of what country are you a citizen?
Place of birth

B. **Past Affiliations**

Prior positions (List experience for last ten years, excluding your current position, starting with most recent)

1. Employer
Address
Supervisor
Position(s) you held
Dates of employment
Salary or income
Duties

Reason(s) for leaving
2. Employer
Address
Supervisor
Position(s) you held
Dates of employment
Salary or income
Duties

Reason(s) for leaving

II. APPLICANT BACKGROUND (continued)

3. Employer

Address

Supervisor

Position(s) you held

Dates of employment

Salary or income

Duties

Reason(s) for leaving

4. Employer

Address

Supervisor

Position(s) you held

Dates of employment

Salary or income

Duties

Reason(s) for leaving

II. APPLICANT BACKGROUND (continued)

C. **References**

Please list three professional and three personal references (no relatives).

Professional

1. Name
 Title
 Address
 Telephone
 Relationship
 Period of acquaintance

2. Name
 Title
 Address
 Telephone
 Relationship
 Period of acquaintance

3. Name
 Title
 Address
 Telephone
 Relationship
 Period of acquaintance

II. APPLICANT BACKGROUND (continued)

Personal

1. Name
 Title
 Address
 Telephone
 Relationship
 Period of acquaintance

2. Name
 Title
 Address
 Telephone
 Relationship
 Period of acquaintance

3. Name
 Title
 Address
 Telephone
 Relationship
 Period of acquaintance

II. APPLICANT BACKGROUND (continued)

D. **Education**

1. Undergraduate institution

Dates attended

Date graduated

Degree(s) received

Major field(s) of study

2. Law school name

Law school address

Dates attended

Date graduated

PLEASE ATTACH TRANSCRIPT

3. Other graduate education received

Institution(s) attended

Course(s) of study

Dates attended

Degree(s) received (if any)

4. Describe any honors, awards, law review or other activities or achievements.

II. APPLICANT BACKGROUND (continued)

AUTHORIZATION AND WAIVER

I hereby authorize the administrators of the disciplinary and inquiry bodies of any court, bar or other association to disclose to the United States Court of Appeals and the screening committee(s) all information contained in the files of such bodies concerning my present professional status, and all complaints which have been made against me, together with the disposition thereof. I expressly waive whatever right I may have to confidentiality of the foregoing information.

I also hereby authorize the custodian of any records or information related to my application for Federal Public Defender to permit the examination or receipt of such records and/or information by anyone designated by the screening committee(s), the District of Columbia Circuit's Judicial Council or the United States Court of Appeals for the District of Columbia Circuit.

Dated

Signature

III. LEGAL PRACTICE PROFILE

A. **Present Affiliation**

Give a synopsis of your present position including nature of practice and types of matters accounting for most of your time. Include any legal specialties which you possess and a brief description of your typical clients. If your practice is substantially different now than previously, please give details of your prior practice.

B. **Legal Practice**

Summarize your criminal law experience and practice.

III. LEGAL PRACTICE PROFILE (continued)

C. Provide the following information on five cases in which you were involved:

1 . Case name

Court and case citation number

Nature of case

Your role in case

Results of your activities in this case

Co-counsel

Address

Business Telephone

Opposing counsel

Address

Business Telephone

III. LEGAL PRACTICE PROFILE (continued)

2. Case name

Court and case citation number

Nature of case

Your role in case

Results of your activities in this case

Co-counsel

Address

Business Telephone

Opposing counsel

Address

Business Telephone

III. LEGAL PRACTICE PROFILE (continued)

3. Case name

Court and case citation number

Nature of case

Your role in case

Results of your activities in this case

Co-counsel

Address

Business Telephone

Opposing counsel

Address

Business Telephone

III. LEGAL PRACTICE PROFILE (continued)

4. Case name

Court and case citation number

Nature of case

Your role in case

Results of your activities in this case

Co-counsel

Address

Business Telephone

Opposing counsel

Address

Business Telephone

III. LEGAL PRACTICE PROFILE (continued)

5. Case name

Court and case citation number

Nature of case

Your role in case

Results of your activities in this case

Co-counsel

Address

Business Telephone

Opposing counsel

Address

Business Telephone

III. LEGAL PRACTICE PROFILE (continued)

D. Additional Information

Respond, where applicable, on a **separate** attachment sheet to each of the following inquiries. Indicate the number of the question you are responding to on the attachment sheet and on page 5 of this application.

1. List all seminars, symposia, lectures or legal meetings in the nature of continuing legal education which you have attended in the past three years, stating the subject(s) of each and indicating which you have participated in as speaker, lecturer, panelist, etc.
2. If you have ever taught or lectured at a law school, please state the school(s), date(s) and subject(s) and your title, status or role.
3. Describe any nonlegal teaching or lecturing you have done.
4. If you have written or worked with others writing articles, treatises, texts, handbooks, or other texts on legal matters which have been published, provide for each the publisher, date, title and subject matter and list the name of any persons who co-authored, collaborated or assisted you in the writing or research. Please enclose one or two representative selections.
5. List any judicial office(s) you have held. Do not include your current full-time position. Please indicate whether the position was full-time or part-time, its location, the court or other entity served, your duties and the periods of service.
6. List any elective or appointive public office you have ever held other than judicial. Please indicate whether the position was full-time or part-time, its location, your duties, and the period(s) of service.
7. List all professional or occupational licenses other than law licenses you have held. Indicate the organization that issued the license and whether the license is current.
8. If any license listed in #7 has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary board, state fully the facts and circumstances and the disposition. If you have nothing to report, check here.

9. Describe fully all non law-related professions or occupations pursued since your first admission to the bar. Provide dates, company names, duties, and reasons for leaving.

III. LEGAL PRACTICE PROFILE (continued)

10. Describe civic, philanthropic, community, social or public service activities during the past five years, including posts or offices held and honors or awards received.
11. Describe your administrative and supervisory experience.
- A. Positions held by title and/or description.
- B. Dates of each position.
- C. Administrative and supervisory responsibilities of each position, including the number of persons supervised.
12. Has your license or right to practice law before or in any state court, agency, or other tribunal ever been denied, revoked or suspended? If so, describe the facts and circumstances fully, including the identification of the disciplinary body, the date, and the nature of the discipline imposed.
- Yes No
13. Have you been the subject of any professional discipline by any attorney disciplinary body or any complaint filed with or made to any attorney disciplinary body? If so, describe the facts and circumstances fully, including identification of the disciplinary body, the date, and the disposition of the matter, including any discipline imposed.
- Yes No
14. Have you ever sued or been sued by a client? If so, state fully the facts and circumstances, the court and case number, names, addresses and telephone numbers of your attorney and counsel for the client, and the disposition of the matter.
- Yes No
15. Has a tax lien or other collection procedure ever been instituted against you by federal, state or local authorities? If so, give particulars.
- Yes No
16. Have you ever been convicted of a felony or a misdemeanor or been arrested for driving under

the influence of alcohol or drugs? If so, describe fully the circumstances, including date, court and disposition.

Yes

No

III. LEGAL PRACTICE PROFILE (continued)

17. If you have served in the Armed Forces of the United States or of any other country, please list:
 - A. Branch of service
 - B. Dates of service
 - C. Discharge received

IV. HEALTH AND MEDICAL WAIVER

1. Have you been hospitalized due to injury or illness within the past ten years?

Yes ___ No ___

2. During the past ten years, have you been prevented from working due to injury or illness, or otherwise incapacitated for a period of more than ten days?

Yes ___ No ___

3. Do you have any physical impairment that may affect your ability to perform the responsibilities of a federal public defender?

Yes ___ No ___

4. Have you ever been counseled or treated for any condition arising from the use of drugs or alcohol or from mental health problems resulting in institutionalization(s)?

Yes ___ No ___

If you answer "Yes" to questions 1, 2, 3 or 4 above, please provide the causes, dates, name, address and telephone number of the physician(s) or other professional counselors consulted, place of hospitalization and the present status of the condition(s) which caused hospitalization or incapacitation.

IV. HEALTH AND MEDICAL WAIVER (continued)

Note: All applicants must complete, sign and return this medical authorization and waiver (below).

Medical Authorization and Waiver

To: Physician's name

Address

Telephone

I hereby authorize any person designated by the United States Court of Appeals and/or the screening committee(s) to communicate orally (including by telephone) and/or in writing with the physician named above with regard to my physical and mental condition and history, and any care and treatment given me.

I hereby authorize and direct the physician named above to communicate to such person orally (including by telephone) such information regarding my physical and mental condition, care, and treatment as may be sought by such person and to supply a written statement if requested by such person. For these purposes, I hereby waive any physician-patient privilege that may exist.

Name

Address

Telephone

Signature

Note to applicant: Please send one signed copy to the physician and enclose a signed copy with your original application and five copies.

V. APPLICANT PERSONAL NARRATIVE

Please attach a summary of why you are seeking the position of Federal Public Defender and why you feel that you are qualified for the position. Include any special professional, occupational or other experience you have had which you feel should be considered. Describe how your educational, legal, administrative and business experience prepared you for this position.

VI. ATTACHMENT SHEET

Photocopy as many separate attachment sheets as you will need to provide a complete response to any question in the application. Do not answer more than one question on an individual sheet. Use as many sheets as necessary to answer each question.

Your name _____

This is a separate attachment to Form _____, page _____, question ____.